SIRT NO. STANDARD CERTIFICATE OF DEATH SIRT NO. 318 PRIMARY REC. DIST. NO. 1003 PRICE OF DEATH S. COUNTY B. COUNTY B	••	THE DIVISION OF HE			16588
T. PLACE OF DEATH a. CUNTY b. CITY of estable surporate limits, write BURAL and size TOWN ST. LOUIS c. FAIL NAME OF of see is benefited to institute, for stress deforme or location J. CHESTH OF ACCOUNTY d. FILL NAME OF of see is benefited to institute, for stress deforme or location J. CHEST OF ACCOUNTY J. TOWN ST. LOUIS T. CHEST OF ACCOUNTY J. TOWN J. TOWN J. DOUGE J. ADTE (Month) (Day) (Year ADDRESS S. SEX J. COLDER OR RACE (7. MARRIED, MEYER MARRIED, MIDOWOED, DIVORCED dispatched) Milt Of Milt	FILED MAY 26 195	55 STANDARD CERTIF	FICATE OF DEATH	State File No	10000
a. COUNTY D. CITY Of solubles composite limits, with RURAL and give provided in the control of TOWN ST. LOUIS G. FULL NAME OF (If see in boundard or instantation, thris state and the location) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation, thris state and three instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see in boundard or instantation) J. ROSTITUTION ST. LOUIS (If see instantation)	BIRTH MO	REG. DIST. NO. 318	· · · · · · · · · · · · · · · · · · ·		
TOWN ST. LOUIS d. FULL MAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution, give stress tackness or boundary) 3. NAME OF (if we is beneficial or institution) 3. NAME OF (if we is beneficial or institution) 3. NAME OF (if we is beneficial or institution) 5. SEX O 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WILDOWED (DIVORCED Operator) Male White Married 190. KIND OF BUSINESS OR IN USAF			IL A STATE .	Where deceased lived. If in b. COUNTY	stitution: residence befo admission
ADDRESS 4.967 Kemper Park ADDRESS 4.0 (Class) JAMES K. DODGE DEVAN MAY 16, 195 S. SEX O 6. COLOR OR RACE Martied 10b. INDICATE DEVAN MAY 16, 195 S. SEX O 6. COLOR OR RACE Martied 10b. INDICATE DEVAN MAY 16, 195 Martied Devan Martin Martin Martied 10b. INDICATE DEVAN MAY 16, 195 Martied Devan Martin Martied Martie Martied Martin Martied Martin Martied Martin Martied Martie Martied Martie	OR	rite RURAL and give c. LENGTH OF STAY (in this place	di AD .	· d. Is Ru a cit Tai	sidence within limits of y or incorporated town?
(COUNTY) (STATE) (AUSC OF PEATH (Ausching Country) (Ausching C	HUSPITAL OR				2/3/2
5. SEX D 6. COLOR OR RACE 7. MARRIED, NEVER MARRI		· · · · ·	• •	4. DATE (Month) OF MAY	
Male White Married July 100. USUAL OCCUPATION (Chemical State of Persign Constrol) 10. KIND OF BUSINESS OR IM- DUSTRY 10. KIND OF BUSINESS OR IM- Carpenter-Self Employed (Retired) 10. KIND OF BUSINESS OR IM- Carpenter-Self Employed (Retired) 10. KIND OF BUSINESS OR IM- Carpenter-Self Employed (Retired) 10. KIND OF BUSINESS OR IM- US. A. 3a. FATHER'S NAME	5. SEX D 6. COLOR OR R		8. DATE OF BIRTH	9. AGE (In years) # trent	1 YEAR # UNDER 14 125
Sa. Father's Name	10a. USUAL OCCUPATION (Give bind of	Married Work 10b, KIND OF BUSINESS OR IN-	** DISTRIPLACE		12. CITIZEN OF WHA
Unknown Dodge Unknown Dodge Margaret Unknown Barbara Dodge	Carpenter-Self	Employed (Retired)			U.S.A.
County C	Unknown Dodge	Margar	et Unknown Bar	rbara Dodge	
B. CAUSE OF DEATH Enter only one course of the mode of dring, ruch as heart failure, as boart failure,	(100'DO'OL GIREDOMD) (11 Mer' Classical Co.	Cates of seryson INC.			
This does not meet the mode of dyting, such as heart failure, eatheria, and the door crising function of the door crising function. DUE TO (c) Corrections Course	18. CAUSE OF DEATH Enter only one cause for	R CONDITION MEDICAL CALL CALL CALL CALL CALL CALL CALL			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (c) Comparison Comp	This dam and man Antecess		Runtary of	Cecum	1 cla
11. OTHER SINIFICANT CONDITIONS 12. DATE OR PERATION 12. LOCAPUT (Bpecity) 21. PLACE OF INJURY (e.g., in or about bot bot bot bot bot bot bot bot bot bo		noce tarbie (a) stating ng deuse last. DUE TO (c)	Parsarioner &	cecum	- 2
19a. OFFE ON OPERA- TION 21a. ACCOPPAT TION 21b. PLACE OF INJURY (s.g., in or about botto, farm, factory, street, office bidg., sea.) 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME 31d. TI	tion which enused danks. II. OTHER S	INFICANT CONDITIONS Aribiding to the death but not lisease or condition causing death.	sterioschratia	Heart Dree	
21a. LCOPENT SUICTUE (Boothy) 21b. PLACE OF INJURY (a.g., in or about bottoe, farm, factory, street, office bidg., sea.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Fear) (Hour) 21e. INJURY OCCURRED 21f. How did injury occurred injury of the causes and on the date stated above. 153 x 22. I hereby certify that I attended the deceased from 5-16-55 , 19 , to 5-16-55 , 19 , that I last saw the deceased pline on 5-16-55 , 19 and that death occurred at 114/54m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNITION, REMOVAL Generally 24d. LOCATION (Oity, town, or county) (State) 24d. REG. REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25d. ADDRESS 25d. ADDRESS	19a. DATE OP OPERA- I 19b. MAUGH				
21d. TIME (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? 21f. How did injury occur? 22f. Location (Oity, town, or occurty) 22f. Location (Oity, town, or	SUICIDE	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., see.)	21c. (CITY, TOWN, OR TOWNSHII	P) (COUNTY)	
olive on _5-16-55 , 19 and that death occurred at _114.55Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNI 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1515 Lafayette Avenue 5-16-5 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1516 Lafayette Avenue 5-16-5 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1517 Lafayette Avenue 5-16-5 24c. DATE SIGNI 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAY 17 1955 Carly ADDRESS Kriegshauser 4228 S.Kingshighway Blvd.	21d. TIME (Month) (Day) (Yes OF INJURY	WHILEAT NOT WHILE	21f. HOW DID INJURY OCCUR?		153 x
Za. SIGNATURE (Degree or title) P23b. ADDRESS 24c. DATE SIGNI 1515 Lafayette Avenue 5-16-5 24a. BURIAL CREMA- TION, REMOVAL (Specifiv) Removal May 19,1955 Sunset Burial Park DATE RECO BY LOCAL REG. MAY 17 1955 MAY 17 1955 Carlot May Blvd. (Degree or title) P23b. ADDRESS 25. Location (City, town, or county) (State) 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Blvd.	22. I hereby certify that I attend	led the deceased from 5-16-55	11 458m., to 5-16-55	, 19, that I`la	st saw the decease
24a. BURIAL CREMA- TION, REMOVAL Greatly) Removal May 19,1955 Sunset Burial Park DATE REG. MAY 17 1955 Sunset Burial Park E. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S.Kingshighway Blvd.		(Degree or title)	23b. ADDRESS		23c. DATE SIGNED 5-16-55
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE - 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAY 17 1955 Kriegshauser 4228 S.Kingshighway Blvd.	TION DEMOVAL A	· • • • • • • • • • • • • • • • • • • •	RY OR CREMATORY 24d. LOCA	TION (City, town, or cou	nty) (State)
	DATE REC'D BY LOCAL REGISTRA		25 FUNERAL DIRECTOR'S S	I GNATURE A	
//	MAY 17 1955 1 4 C	(Licensed Embalmer's		20 S. Aingsnig	maa BTAG.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose name is recorde	1 on the reverse side of	t this certificate was emi
by me, or by		, Stud	ent Embalmer No
working under my personal supervis	sion		

Signature of Student Exhalmer

Licensed Embalmer No. 400 P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.